State of Ohio Environm
Southwe

401 East Fifth Street
Dayton, Ohio 45402-2911

TELE: (937)285-6357 FAX: (937)285-6249
www.epa.state.oh.us

Ted Strickland, Governor
Lee Fisher, Lieutenant Governor
Chris Korleski, Director

CERTIFIED MAIL

October 18, 2007

RE: LOGAN COUNTY
MA & PAS CROSSROAD RESTAURANT
TRANSIENT WATER SYSTEM
PWS ID# 4639712

Ma & Pa's Crossroad Restaurant
13 State Route 235
Degraff, Ohio 43318

Subject: Notice of Violation of Maximum Contaminant Level for Total Coliform Bacteria (ACUTE & Failure to Monitor with four repeat samples)

During September 2007, your public water system incurred an **acute** violation of Rule 3745-81-14 (D) of the Ohio Administrative Code (OAC) and a **monitoring** violation of Rule 3745-81-21 (B)(1) of the OAC for failure to collect four (4) repeat samples within the required time period.

Actions required as a result of the above violation	
Step 1	**Within 24 hours,** consult with Ohio EPA and issue the attached public notice in accordance with Rule 3745-81-32 of the Ohio Administrative Code using the following methods to reach all persons served by the public water system: Posting in conspicuous locations (restrooms, drinking fountains, vending areas, restaurants, bulletin boards, etc.) The language in italics on the attached public notice is mandatory and must be included as written.
Step 2	Immediately initiate an investigation to determine and eliminate the cause and extent of bacterial contamination.
Step 3	Fill out the attached verification form and send along with a copy of the public notification issued, to the Southwest District Office of the Ohio EPA.
Step 4	Lifting the Advisory - The public notice water use advisory shall remain in effect until you obtain one complete set of four (4) total coliform-negative (contain no coliforms) repeat samples. Clearly mark each repeat sample slip as "repeat sample". It is advisable to notify your customers when the problem is corrected.
Step 5	Because you are required to monitor with at least five (5) samples in the next month following any total coliform-positive result you must take at least five (5) total coliform samples in October 2007.

If you have any questions, please contact me at (937) 285-6114.

Sincerely,

David R. Secor

David R. Secor
Compliance Coordinator
Division of Drinking and Ground Waters

cc: Toni Buchanan, DDAGW/CO
Logan County Health Department

Enclosures

DRS/rlf

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Logan Co. 4639712

MA & PA'S CROSSROAD RESTAURANT
13 SR 235
DEGRAFF OH 43318

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kristen Pelkie ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 10-29-07

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7004 1160 0000 6169 5255

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE
COLUMBUS OH 430

29 OCT 2007 PM 4 T

First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OHIO EPA/ D. Seeor
SOUTHWEST DISTRICT OFFICE
401 E FIFTH ST
DAYTON OH 45402-2911

311

DRINKING WATER WARNING

Tests show coliform bacteria in MA & PAS CROSSROAD RESTAURANT water

BOIL YOUR WATER BEFORE USING
OR USE BOTTLED WATER

Sampling conducted for our water system showed total coliform bacteria were found in a sample collected in **September 2007**. We were required to collect four repeat samples within 24 hours of notification of any total coliform positive result to determine if *E. coli* or fecal coliform bacteria were present. These bacteria can make you sick, and are a particular concern for people with weakened immune systems. We did not collect all of the required repeat samples, and therefore cannot be sure that the drinking water does not pose an acute risk to human health.

What should I do?

- **DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for at least one minute, and let it cool before using, **or use bottled water**. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation until further notice. Boiling kills bacteria and other organisms in the water.

- *Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.*

- The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers.

What happened? What is being done?

Bacterial contamination can occur when increased run-off enters the drinking water source (for example, following heavy rains). It also can happen due to a break in the distribution system (pipes) or a failure in the water treatment process.

We are investigating and taking the necessary steps to correct the problem as soon as possible.

For more information, please contact _____ at _____ or _____ .
name of contact phone number mailing address

General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1(800) 426-4791.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

PWSID# OH4639712	Date Distributed: _____

Tier 1: Total Coliform (no repeats taken)

PUBLIC NOTICE INSTRUCTIONS AND VERIFICATION FORM FOR TIER 1 VIOLATIONS

The owner or operator of a public water system with a Tier 1 violation or situation that may pose an acute risk to human health is required to notify the persons served by the public water system. Notice shall be issued as soon as practical but **no later than 24 hours** after the system learns of the violation. Public notice shall be repeated as established during consultation with Ohio EPA.

I HEREBY CERTIFY THAT THE PUBLIC WAS NOTIFIED BY THE FOLLOWING METHOD(S) INDICATED BELOW, AS DESCRIBED IN THE OHIO ADMINISTRATIVE CODE RULE 3745-81-32:

Required Method of Public Notification	Actual Method of Public Notification
Use one or more of the following methods to reach all persons served by the public water system:	**Describe actual methods used to notify public of the violation:**
1. Public notice issued by appropriate broadcast media (such as radio and television)	1A. Name of station(s) _____ 1B. Date provided to station(s) _____
2. Public notice issued by continuous posting in conspicuous places throughout the area served by the water system (required to remain posted for as long as the violation exists)	2A. Dates of posting _____ 2B. Locations of posting _____ _____ _____
3. Public notice issued by hand delivery to persons served by the water system	3A. Date of delivery _____
4. Public notice issued by another delivery method approved in writing	4A. Method _____ 4B. Date _____
Additional methods established in consultation with Ohio EPA	A. Method(s)_____ B. Date(s)_____

Please check if the public notice used was provided by Ohio EPA (other side of this form) or another acceptable notice was used:

____ A public notice as shown on the other side of this sheet was issued without changes.
____ A different public notice was issued. **INCLUDE A COPY OF THE PUBLIC NOTICE.**

_____ _____
Signature of Responsible Official Date

_____
Printed Name and Title of Responsible Official

MA & PAS CROSSROAD RESTAURANT PWS
NAME OF PUBLIC WATER SYSTEM

PWSID NUMBER: **OH4639712**
COUNTY NAME: **LOGAN**

For OEPA use only
Date PN Received:_____

PN acceptable: **PN not acceptable:**

VIOLATION TYPE: **21& 25**

MONITORING PERIOD **September 2007**